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A S H B U R T O N
U R B A N D I S T R I C T C O U N C I L

A N N U A L R E P O R T
of the
MEDICAL OFFICER OF HEALTH
for the Year
1 9 6 6



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H. M. DAVIES,
M.A., M.R.C.S., L.R.C.P., D.P.H.,
ASSISTANT COUNTY MEDICAL OFFICER :
DEVON COUNTY COUNCIL.
MEDICAL OFFICER OF HEALTH :
ASHBURTON U.D.C.
DAWLISH U.D.C.
NEWTON ABBOT R.D.C.
NEWTON ABBOT U.D.C.
TEIGNMOUTH U.D.C. AND
PORT HEALTH AUTHORITY

TELEPHONE No. NEWTON ABBOT 3991

6/8 SHERBORNE ROAD,

NEWTON ABBOT.

ASHBURTON URBAN DISTRICT COUNCIL

ANNUAL REPORT - 1966

To: The Chairman
and Members of the Ashburton Urban District Council

Ladies and Gentlemen,

I present my Report for the year ended 31st December, 1966.

The vital statistics regarding the births and deaths, which occurred during the year, once again conform fairly well with the figures which are applicable both to the County of Devon and to the total population of England and Wales. The figures which, of course, have to be considered are the corrected live birth rates and the corrected death rates. The difference between the crude rate and the corrected rate is dependent on a formula produced by the Registrar General. This takes into account the differences in the age groups, which occur from area to area. In this area it is very obvious that we have a higher population of elderly people than one would find in the industrial areas of the country and adjustment is made accordingly.

Regarding Infectious Diseases, no cases were notified during the year. I doubt the accuracy of this statement as it is quite possible that a few cases of the milder Infectious Diseases, such as Measles and Whooping Cough, might well not have been notified. One can be quite sure however that the local General Practitioners would not have failed to have given me information of any of the more serious Infectious Diseases, such as Smallpox, Diphtheria, Tetanus, Typhoid, Para-Typhoid, Poliomyelitis or Tuberculosis. It is a matter of gratification that none of these Diseases have occurred during the year. It is also worthy of note that no deaths were attributed to Tuberculosis.

This is characteristic of what one finds throughout the country and this satisfactory position can only be maintained by paying full attention to the various preventative measures, which have to be taken. These measures require to be continually pointed out if these happy conditions are to continue as they are, or to be improved still further.

With reference to the ages at which death has occurred in the forty-five deaths reported during the year, twenty were in respect of persons age seventy-five or over.

I have, for many years, been disturbed by the difficulties which arise in dealing with old people. These matters have been brought to my attention much more forcibly since my part-time appointment in April, 1966, as Clinical Assistant to the Geriatric Department of the Newton Abbot Hospital. I have recently written a letter to the British Medical Journal, of which the following is an extract:-

'There is, I think, an urgent need for the medical and other requirements of the aged to be rationalized. At the present time the services provided by the Local Authorities are usually subdivided into two parts—one ruled by the Medical Officer of Health dealing with the domiciliary services, health visiting, home nursing, chiropody, etc., the other by the Chief Welfare Officer and his separate staffs running the Local Authority Welfare Homes.

From the point of view of the family Doctor, and in an emergency the Medical Officer of Health, difficulties arise in assessing whether an old person requires a bed in an Old People's Home, a Geriatric Hospital, or a Mental Hospital. The beds in each are controlled by different people and more often than not the liaison between these people is less than it might be. Not only are patients sometimes sent to unsuitable accommodation in the first place, but transfers from one type of bed to another are far from the simple administrative manoeuvres that one would expect them to be.

Somehow, and as a matter of urgency, the facilities available for the old people must be integrated, or at least co-ordinated, if the best uses of the available resources are to be made. The suggestion that a Senior Doctor, from either the Hospital or the Local Authority Service, should be responsible for this co-ordination is long overdue'.

This letter was published on the 5th August, 1967.

Regarding the causes of death, it is noteworthy that three deaths from Cancer of the Lung occurred during the year. The relationship between this disease and cigarette smoking is now well established and publicised, and parents have a positive duty to discourage their children from starting this habit.

I should like to thank the Chairman, Councillors and all members of the staff for the help and co-operation received.

A. J. Janes.

Medical Officer of Health

PUBLIC HEALTH COMMITTEE

CHAIRMAN

Councillor N.E. Stacy

CHAIRMAN OF THE COUNCIL

Councillor Rev.J.T. Charnley

and

COUNCILLORS

Mrs. D.M. Arscott
Mrs. H. Fox
T.W. Gracey
S.W. Kendall
W. Underhill

PUBLIC HEALTH STAFF

MEDICAL OFFICER OF HEALTH

H.M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.,
6/8 Sherborne Road,
Newton Abbot.

Tel: Newton Abbot 3991

PUBLIC HEALTH INSPECTOR (Also Surveyor)

R.H. West, A.R.S.H.,
Public Health Department,
Town Hall,
Ashburton.

Tel: Ashburton 383

MEAT INSPECTOR (Part Time)
to 30th April, 1966

H.V. Jones, A.R.S.H.,
Public Health Department,
Town Hall,
Ashburton.

ADDITIONAL PUBLIC HEALTH INSPECTOR
from 1st May, 1966

R. Whitehead, M.A.P.H.I.,
Public Health Department,
Town Hall,
Ashburton.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres).....	6,775
Population mid 1966.....	2,850
Population 1961 Census.....	2,715
Rateable Value as at the 1st January, 1966.....	£79,361
Rateable Value as at the 31st December, 1966.....	£85,158
Product of 1d rate (1st April, 1966).....	£310

VITAL STATISTICS

Live Births

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	31	27	58
Illegitimate	5	2	7
	—	—	—
	36	29	65
	—	—	—

Crude Live Birth rate per 1000 total population	22.80
Corrected Live Birth rate per 1000 total population	26.22
Crude Live Birth rate per 1000 total population - Administrative County of Devon	14.56
Corrected Live Birth rate per 1000 total population - Administrative County of Devon	17.62
Live Birth rate per 1000 total population - England and Wales	17.7
Illegitimate Live Births (per cent of total live births)	10.76

Stillbirths

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	-	1
Illegitimate	-	-	-

Stillbirth rate per 1000 total live and stillbirths	15.15
Stillbirth rate per 1000 total live and stillbirths - Administrative County of Devon	12.08
Corresponding rate for England and Wales	15.4

Deaths

The average age at death from all causes was found to be 70.92 years. The average age of all male deaths was 66.84 years and for female deaths 77.31 years.

<u>Male</u>	<u>Female</u>	<u>Total</u>
25	20	45

Crude Death rate per 1000 total population	15.78
Corrected Death rate per 1000 total population	10.41
Crude Death rate per 1000 total population - Administrative County of Devon	15.10
Corrected Death rate per 1000 total population - Administrative County of Devon	9.06
Death rate per 1000 total population - England and Wales	11.7

Infant Mortality

(Deaths of Infants under one year)

No deaths of Infants under one year occurred in Ashburton during 1966.

Infant Mortality rate per 1000 related live births - Administrative County of Devon	17.73
Corresponding rate for England and Wales	19.0

Neonatal Mortality

(Deaths of Infants under four weeks)

Neonatal Mortality rate per 1000 related live births - Administrative County of Devon	11.49
Corresponding rate for England and Wales	12.9

Perinatal Mortality

(Deaths of Infants under one week)

Perinatal Mortality rate (Stillbirths and Deaths of Infants under one week) per 1000 live and stillbirths - Administrative County of Devon	21.02
Corresponding rate for England and Wales	26.3

Maternal Mortality

No maternal deaths occurred in Ashburton during 1966.

Three maternal deaths occurred within the Administrative County of Devon.

AGE AT DEATH

			<u>Male</u>	<u>Female</u>
Infants under four weeks			-	-
Four weeks and under one year			-	-
1	-	4	-	-
5	-	14	-	-
15	-	24	2	-
25	-	34	-	-
35	-	44	1	2
45	-	54	1	-
55	-	64	2	3
65	-	74	12	2
75 and over			7	13
			—	—
			25	20
			—	—

Total: 45

CAUSES OF DEATH

	<u>Male</u>	<u>Female</u>
Malignant Neoplasm, Lung, Bronchus	2	1
Malignant Neoplasm, Breast	-	2
Other Malignant and Lymphatic Neoplasms	2	1
Vascular Lesions of Nervous System	3	5
Coronary Disease, Angina	8	2
Other Heart Disease	-	1
Other Circulatory Disease	1	2
Pneumonia	3	-
Bronchitis	1	1
Gastritis, Enteritis and Diarrhoea	1	-
Other Defined and Ill-Defined Diseases	1	3
Motor Vehicle Accidents	1	-
All Other Accidents	1	2
Suicide	1	-
	<u>25</u>	<u>20</u>

Total: 45

INFECTIOUS DISEASES

No Infectious Diseases were notified to me during 1966.

NATIONAL ASSISTANCE ACTS, 1948 and 1951

In no case was Official action, under Section 47 of the National Assistance Acts, 1948 and 1951, necessary during 1966.

ASHBURTON URBAN DISTRICT COUNCIL

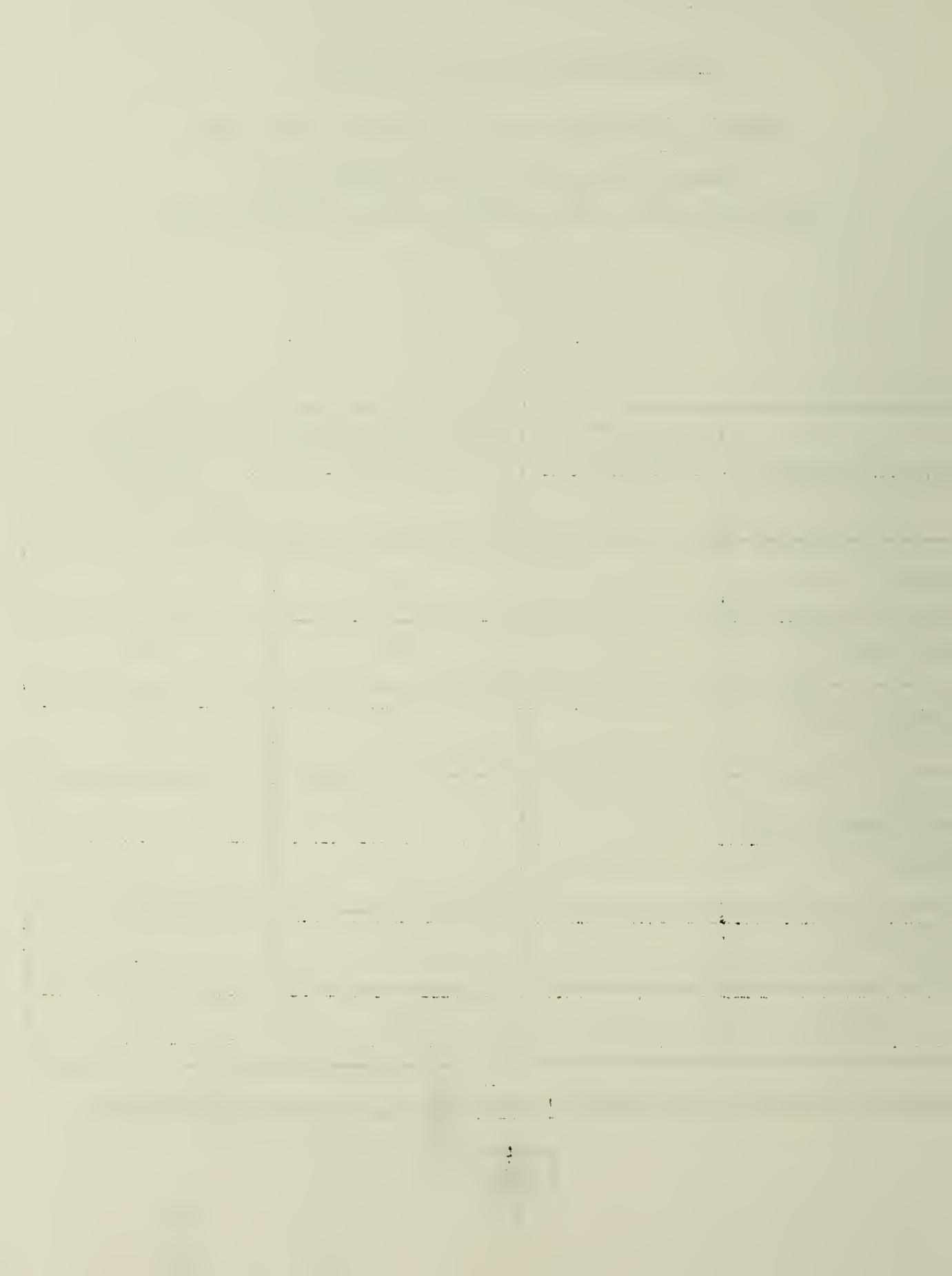
OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Registrations and General Inspections

Period Covered: 1st January - 31st December, 1966

Class of Premises	No. of Premises Registered During the Year	No. of Registered Premises at End of Year	No. of Registered Premises receiving a General Inspection during the Year
Offices	4	9	9
Retail Shops	2	25	26
Wholesale Shops, Warehouses	-	-	1
Catering Establishments open to the Public, Canteens	-	5	5
Fuel Storage Depots	-	-	-
TOTALS:	6	39	41

Number of Visits of all kinds by Inspectors to Registered Premises



Analysis of Recorded Particulars of Persons Employed
in Registered Premises by Workplace

Class of Workplace	Number of Persons Employed
Offices	38
Retail Shops	65
Wholesale Departments, Warehouses	-
Catering Establishments Open to the Public	20
Canteens	-
Fuel Storage Depots	-
TOTAL:	123

Total Males: 72

Total Females: 51

CARCASES INSPECTED - 1966

	CATTLE	CALVES	SHEEP	PIGS	TOTALS
No. KILLED	147	4	824	284	1,259
No. INSPECTED	147	4	824	284	1,259
<u>All Diseases other than Tuberculosis</u>					
(i) Whole carcase condemned	-	-	-	-	-
(ii) Carcase of which some part or organ was condemned	12	-	2	10	24
% of Animals inspected affected by disease other than Tuberculosis	8.16	-	0.24	3.52	1.90
<u>Tuberculosis only</u>					
(i) Whole carcase condemned	-	-	-	-	-
(ii) Carcase of which some part or organ was condemned	-	-	-	3	3
% of Animals inspected affected by Tuberculosis	-	-	-	1.05	0.23
Cysticercus Bovis	-	-	-	-	-

Prescribed Particulars on the Administration
of the Factories Act, 1961

PART 1 OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	6	6	-	-
(ii) Factories not included in (i) in which S.7 is enforced by Local Authority	5	9	-	-
(iii) Other Premises in which Section 7 is enforced by Local Authority (excluding out-workers' premises)	8	6	-	-
Total:	19	21	-	-

2 - Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	2	2	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-

2 - Cases in which DEFECTS were found (continued)

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)	-	-	-	-	-
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	1	1	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act	-	-	-	-	-
Total:	3	3	-	-	-

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